

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert Quarles Lewis

Mailing Address 4942 Greenbriar Dr

City

Corpus Christi

State

TX

Zip Code

78413-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopaedic Center of Corpus Chris

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 63139988

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. James Aubrey Moody

Mailing Address 3149 Stanford Ave

City

Dallas

State

TX

Zip Code

75225-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Brain and Spine Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 63139990

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Bazan III

Mailing Address 310 Tamworth Dr

City

San Antonio

State

TX

Zip Code

78213-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Health Science Center At San Antoni

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 63139991

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00